date of a determination by the Secretary that they meet the requirements of section 224(h) of the Act. In making such determination, the Secretary will receive such assurances and conduct such investigations as he or she deems necessary.

§ 6.6 Covered acts and omissions.

- (a) Only acts and omissions occurring on and after the effective date of the Secretary's determination under §6.5 and before the later date specified in section 224(g)(3) of the Act are covered by this part.
- (b) Only claims for damage for personal injury, including death, resulting from the performance of medical, surgical, dental, or related functions are covered by this part.
- (c) With respect to covered individuals, only acts and omissions within the scope of their employment (or contract for services) are covered. If a covered individual is providing services which are not on behalf of the covered entity, such as on a volunteer basis or on behalf of a third-party (except as described in paragraph (d) of this section), whether for pay or otherwise, acts and omissions which are related to such services are not covered.
- (d) Only acts and omissions related to the grant-supported activity of entities are covered. Acts and omissions related to services provided to individuals who are not patients of a covered entity will be covered only if the Secretary determines that:
- (1) The provision of the services to such individuals benefits patients of the entity and general populations that could be served by the entity through community-wide intervention efforts within the communities served by such entity:
- (2) The provision of the services to such individuals facilitates the provision of services to patients of the entitv: or
- (3) Such services are otherwise required to be provided to such individuals under an employment contract or similar arrangement between the entity and the covered individual.
- (e) Examples. The following are examples of situations within the scope of paragraph (d) of this section:

- (1) A community health center deemed to be a covered entity establishes a school-based or school-linked health program as part of its grant supported activity. Even though the students treated are not necessarily registered patients of the center, the center and its health care practitioners will be covered for services provided, if the Secretary makes the determination in paragraph (d)(1) of this section.
- (2) A migrant health center requires its physicians to obtain staff privileges at a community hospital. As a condition of obtaining such privileges, and thus being able to admit the center's patients to the hospital, the physicians must agree to provide occasional coverage of the hospital's emergency room. The Secretary would be authorized to determine that this coverage is necessary to facilitate the provision of services to the grantee's patients, and that it would therefore be covered by paragraph (d)(2) of this section.
- (3) A homeless health services grantee makes arrangements with local community providers for after-hours coverage of its patients. The grantee's physicians are required by their employment contracts to provide periodic cross-coverage for patients of these providers, in order to make this arrangement feasible. The Secretary may determine that the arrangement is within the scope of paragraph (d)(3) of this section.

[60 FR 22532, May. 8, 1995; 60 FR 36073, July

PART 7—DISTRIBUTION OF REF-**ERENCE BIOLOGICAL STAND-**ARDS AND BIOLOGICAL PREP-**ARATIONS**

Sec.

- 7.1 Applicability.
- Establishment of a user charge. 7.2
- Definitions. Schedule of charges. 7.4
- 7.5 Payment procedures.
- 7.6 Exemptions.

AUTHORITY: Sec. 215, 58 Stat. 690, as amended (42 U.S.C. 216); title V of the Independent Offices Appropriation Act of 1952 (31 U.S.C. 9701); and sec. 352 of the Public Health Service Act, as amended (42 U.S.C. 263).

Source: 52 FR 11073, Apr. 7, 1987, unless otherwise noted.

§ 7.1

§7.1 Applicability.

The provisions of this part are applicable to private entities requesting from the Centers for Disease Control (CDC) reference biological standards and biological preparations for use in their laboratories.

§7.2 Establishment of a user charge.

Except as otherwise provided in §7.6, a user charge shall be imposed to cover the cost to CDC of producing and distributing reference biological standards and biological preparations.

§ 7.3 Definitions.

Biological standards means a uniform and stable reference biological substance which allows measurements of relative potency to be made and described in a common currency of international and national units of activity.

Biological preparations means a reference biological substance which may be used for a purpose similar to that of a standard, but which has been established without a full collaborative study, or where a collaborative study has shown that it is not appropriate to establish the preparation as an international standard.

§7.4 Schedule of charges.

The charges imposed in §7.2 are based on the amount published in CDC's price list of available products. These charges will reflect direct costs (such as salaries and equipment), indirect costs (such as rent, telephone service, and a proportionate share of management and administrative costs), and the costs of particular ingredients. Charges may vary over time and between different biological standards or biological preparations, depending upon the cost of ingredients and the complexity of production. An up-todate schedule of charges is available from the Biological Products Branch, Center for Infectious Diseases, Centers for Disease Control, 1600 Clifton Road, Atlanta, Georgia 30333.

§ 7.5 Payment procedures.

The requester may obtain information on terms of payment and a fee schedule by writing the "Centers for Disease Control," Financial Management Office, Buckhead Facility, Room 200, Centers for Disease Control, 1600 Clifton Road, Atlanta, Georgia 30333.

§ 7.6 Exemptions.

State and local health departments, governmental institutions (e.g., State hospitals and universities), the World Health Organization, and ministries of health of foreign governments may be exempted from paying user charges, when using biological standards or biological preparations for public health purposes.

PART 8—CERTIFICATION OF OPIOID TREATMENT PROGRAMS

Subpart A—Accreditation

Sec.

- 8.1 Scope.
- 8.2 Definitions.
- 8.3 Application for approval as an accreditation body.
- 8.4 Accreditation body responsibilities.
- 8.5 Periodic evaluation of accreditation bodies.
- 8.6 Withdrawal of approval of accreditation bodies.

Subpart B—Certification and Treatment Standards

- 8.11 Opioid treatment program certification.
- 8.12 Federal opioid treatment standards.
- 8.13 Revocation of accreditation and accreditation body approval.
- 8.14 Suspension or revocation of certification.
- 8.15 Forms.

Subpart C—Procedures for Review of Suspension or Proposed Revocation of OTP Certification, and of Adverse Action Regarding Withdrawal of Approval of an Accreditation Body

- 8.21 Applicability.
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- 8.23 Limitation on issues subject to review.
- 8.24 Specifying who represents the parties.
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- 8.26 Preparation of the review file and written arguments.
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- 8.29 Ex parte communications.
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